## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 765505**

FILED Jan 27, 2009 Secretary of State

Entity Name: MOTHER OF GOD HOUSE OF PRAYER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 17880 CYPRESS CREEK RD. 17880 CYPRESS CREEK ROAD ALVA, FL 33920 ALVA, FL 33920 **Current Mailing Address: New Mailing Address:** 17880 CYPRESS CREEK RD. 17880 CYPRESS CREEK ROAD ALVA, FL 33920 ALVA, FL 33920 FEI Number: 59-2226813 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BEEVERS, CAROL A BEEVERS, CAROL A 17880 CYPRESS CREEK ROAD 17880 CYPRESS CR RD ALVA, FL 33920 ALVA, FL 33920 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 01/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WILLIAM, LOY Name: Name: 1861 WINKLER AVE. Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition FOHS, WALTER Name: ZORNOW, DEBORAH Name: Address: 18064 HORSESHOE BAY CIRCLE Address: 7262 PELAS CIRCLE City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: NORTH FORT MYERS, FL 33917 Title: () Delete Title: () Change () Addition WALSH, LETHA Name: Name: Address: 7307 PLUMTREE Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition MAJERCZAK, SHARON Name: Name: HERBERT, ASHLEY RYAN 20071 WOLFEL TRAIL 7323 ACORN WAY Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: NAPLES, FL 34199 Title: () Delete Title: (X) Change ( ) Addition BEEVERS, CAROL A BEEVERS, CAROL A Name: Name: 17880 CYPRESS CREEK DR 17880 CYPRESS CREEK ROAD Address: Address: City-St-Zip: ALVA, FL 33920 City-St-Zip: ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A. BEEVERS DIR 01/27/2009